

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on May 29, 2007.

Clayton L. Kuhnell

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Gregory R. Thune, et al. Paper No:
Serial No.: 10/813,364 Group Art Unit: 3749
Filed: March 31, 2004 Examiner: Carl D. Price
For: Filled/Containerized Candle Lid and Burn Control Device

REQUEST FOR THREE MONTH EXTENSION OF TIME

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith is an Amendment and Response in response to the Office Action mailed November 29, 2006.

Applicants petition the Commissioner for Patents to extend the time for response to the Office Action dated November 29, 2006 for three months from February 28, 2007 to May 29, 2007.

Please charge the extension fee of \$1,020.00 to our Visa credit card account. Form PTO-2038 is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 04-1133.

Respectfully submitted,

By: *Clayton L. Kuhnell*

Clayton L. Kuhnell
Registration No. 48,691
Attorney for Applicant(s)
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PATENT**CERTIFICATE OF MAILING**

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**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant:

Gregory R. Thune, et al.

Paper No:

10/813,364

Group Art Unit: 3749

Filed:

March 31, 2004

Examiner: Carl D. Price

For:

Filled/Containerized Candle Lid and Burn Control Device

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment and Response in the above-identified application.

- [X] additional fee is required.
[X] also attached: Request for Three Month Extension of Time; VISA Form PTO-2038 in the amount of \$1,020.00; Return Receipt Postcard.

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	25	35	0	x \$50 =	\$0.00
Independent Claims	2	5	0	x \$200 =	\$0.00
Request for Three Month Extension of Time					\$1,020.00
TOTAL FEE DUE					\$1,020.00

- [] Please charge my Deposit Account No. 04-1133 in the amount of \$.
- [x] Please charge the amount of \$1,020.00 to our Visa credit card. Form PTO-2038 is enclosed.
- [x] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By: Clayton L. Kuhnell

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